

BILL TO: _____

ENTRY FORM

BACK NUMBER _____

HORSE _____ REGISTRATION # _____

YEAR FOALED _____ SEX M S G

OWNER _____ MEMBERSHIP # _____

CITY/STATE/ZIP _____

STALLS	_____	FULL HOOKUP	_____
SHAVINGS	_____	TRAIL FEE	_____
JUMP OUT FEE	_____		
ELECTRICAL	_____	MISC FEES	_____

IF STALLS AND SHAVINGS ARE BOOKED UNDER ANOTHER PERSON'S NAME, PLEASE PUT WHO THEY ARE BOOKED UNDER. _____

AMATEUR SELECT RIDERS: PLEASE MARK IF YOU WANT YOUR POINTS TO GO TO AMATEUR INSTEAD OF AM SELECT FOR ALL AROUND _____

MAKE CHECKS PAYABLE TO: WQHA

I, THE UNDERSIGNED, AGREE TO ABIDE BY THE RULES AND REGULATIONS OF AQHA AND THE SHOW PRESENTLY ENTERED AND ASSUME FULL RESPONSIBILITY FOR MY HORSE, PROPERTY, AND PERSON. WQHA, AQHA, AND WYOMING STATE FAIR ARE NOT LIABLE FOR ANY INJURY OR ILLNESS TO ME, MY FAMILY OR MY HORSE.

SIGNED _____

